

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N021008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/23/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE ABILENE 11070 (KS)		STREET ADDRESS, CITY, STATE, ZIP CODE 1102 N VINE STREET ABILENE, KS 67410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations are the result of a licensure re-survey with complaints (9763 and 97573) conducted at the above named assisted living facility on 6/20/16, 6/21/16, 6/22/16 and 6/23/16.	S 000		
S3175 SS=E	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 The facility reported a census of 27 residents. The sample included 3sample review residents and 1 focus review resident. Based on record review and interview for 2 (#622 and #623) sampled residents, the operator failed to ensure that the resident could perform medication	S3175		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3175	<p>Continued From page 1</p> <p>self-administration safely and accurately without staff assistance.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #622 recorded admission date of 4/30/16 with diagnoses of dementia and hypothyroidism. <p>Functional capacity screen (FCS) dated 4/30/16 recorded resident required assistance with medications and treatments.</p> <p>Negotiated Service Agreement/ Health Care Service plan dated 4/28/16 recorded resident self manages their medications including self-administering, ordering, coordinating and safe storage.</p> <p>FCS dated 5/31/16 recorded resident required assistance with medications and treatments.</p> <p>NSA/H CSP dated 6/1/16 recorded staff will start administering residents medications from this date 6/1/16.</p> <p>Review of resident log entry dated 6/1/16 recorded " (facility) staff is to start administering medications for this resident. "</p> <p>Interview on 6/21/16 with licensed staff #A confirmed resident #622 was self-administering medications until 5/31/16; he/she further confirmed no medication self-administration assessment had been completed.</p> <p>Licensed staff failed to conduct a medication self-administration assessment on resident #622 prior to self-administration of medications.</p>	S3175		

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S3175	<p>Continued From page 2</p> <p>Record review for resident #623 recorded admission date of 8/16/13 with diagnoses of hypertension, spinal stenosis and peripheral neuropathy.</p> <p>FCS dated 3/4/16 recorded resident required assistance with management of medications and treatments.</p> <p>NSA/H CSP dated 3/4/16 recorded staff to provide administration of medications as needed.</p> <p>Review of June 2016 medication administration record for resident #623 recorded resident to self-administer the following medications:</p> <p>Vanicaream moisturizing cream to treatment areas as ordered may keep at bedside and self- apply.</p> <p>Vaseline to all treated areas daily until healed (may self- apply and keep in apartment).</p> <p>MPAP (Tylenol extra strength) caplets 1000 mg (milligrams) by mouth every 4 hours as needed for discomfort.</p> <p>Interview on 6/21/16 with licensed staff #A confirmed resident has medications he/she self-administers in his/her room and a self-administration assessment has not been completed.</p> <p>For residents #622 and #623, the operator failed to ensure that the resident could perform medication self-administration safely and accurately without staff assistance.</p>	S3175		

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S3261	Continued From page 3	S3261		
S3261 SS=E	<p>26-41-105 (f) (11) Resident Record Documentation of Incidents</p> <p>(f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11)</p> <p>The facility reported a census of 27 residents. The sample included 3 residents and one focus review resident. Based on record review and interview for 2 of 3 (#622 and #623) sampled residents and one focus review resident (#621), the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action.</p> <p>Findings included:</p> <p>- Record review for resident #622 recorded admission date of 12/12/08 with diagnoses of dementia and hypertension.</p> <p>Functional Capacity Screen (FCS) dated 12/22/15</p>	S3261		

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S3261	<p>Continued From page 4</p> <p>recorded resident required assistance with management of medications and treatments.</p> <p>Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 12/22/15 recorded resident to receive assistance with medication administration as needed.</p> <p>Review of physician ' s order, (new prescription) dated 5/23/16, prescription reads SM Artificial tears solution instill 1 drop twice daily in both eyes.</p> <p>Review of resident ' s June 2016 medication administration recorded SM artificial tears solution 1 gtt (drop) to both eyes twice daily, 5/23/16 (hand written) DC ' d (discontinued) 5/25/16.</p> <p>Review of resident log recorded last nursing note entry on 11/12/15 at 1pm.</p> <p>Interview on 6/22/16 at 11:10am with licensed staff #A reported nothing had happened with resident since that entry on 11/12/15 as resident is very independent. He/she then confirmed 5/23/16 physician order and lack of record regarding order, reason for order and reason order was Dc ' d.</p> <p>Licensed nurse failed to record 5/23/16 information regarding the initiation and discontinuation of a physician ' s order including reason for medication and reason medication was discontinued.</p> <p>Record review for resident #623 recorded admission date of 4/30/16 with diagnoses of dementia and hypothyroidism.</p>	S3261		

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S3261	<p>Continued From page 5</p> <p>FCS dated 5/31/16 recorded resident to required assistance with medications and treatments.</p> <p>NSA/HCSP dated 6/1/16 recorded staff will start administering residents medications from this date 6/1/16.</p> <p>Review of Resident Log recorded entries on 4/30/16, 5/1/16, 5/2/16, 5/3/16, 6/1/16 and 6/16/16, entries end with initials (of licensed staff #A). Entries lacked times and signature of licensed nurse who completed the entry.</p> <p>Resident log entry dated 6/1/16 recorded the following: " (Facility) staff is to start administering medications for this resident. " Entry lacked time of note and reason for discontinuation of self-administration of medications.</p> <p>Interview on 6/21/16 at 3:37pm with licensed staff #A confirmed lack of times, proper signatures and lack of record of reason for discontinuation of self-administration</p> <p>Licensed nurse failed to record times of notes, reason for self-administration discontinuation and proper signatures.</p> <p>Record review for resident #624 recorded admission date of 8/16/13 with diagnoses of hypertension, spinal stenosis and peripheral neuropathy.</p> <p>FCS dated 3/4/16 recorded resident required assistance with management of medications and treatments.</p> <p>NSA/HCSP dated 3/4/16 recorded staff to provide administration of medications as needed.</p>	S3261			

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S3261	<p>Continued From page 6</p> <p>Review of resident log recorded entries on 3/17/16, 3/25/16, 4/8/16, 4/2/16, 4/3/16, 4/4/16, 4/5/16, 4/6/16, 4/7/16, 4/8/16, 4/9/16, 4/10/16, 4/11/16, 4/27/16, 5/19/16, 5/25/16, 6/1/16 and 6/17/16 all entries lacked time of entry and signature of licensed nurse.</p> <p>Resident log entry dated 4/6/16 recorded resident fell with an injury to the left side of the head. Resident refused to be taken to the emergency room. Record lacked entry for follow up of head injury/fall.</p> <p>Interview on 6/21/16 at 3:37pm with licensed staff #A confirmed record lacked entry of follow up of head injury</p> <p>For residents # 621, #622 and #623, the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action.</p>	S3261		